



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

## BIB DATA SHEET

CONFIRMATION NO. 4159

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/584,454    | 02/15/2007<br>RULE    | 424   | 1637           | 4661-0112PUS1       |

**APPLICANTS**

Sarman Singh, New Delhi, INDIA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IN04/00395 12/22/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

INDIA 1598/DEL/2003 12/23/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

03/02/2007

| Foreign Priority claimed<br>35 USC 119(a-d) conditions met                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after<br>Allowance<br>(CWI/<br>Initials) | STATE OR<br>COUNTRY | SHEETS<br>DRAWINGS | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
|--|---|---|---------------------|--------------------|-----------------|-----------------------|
| Verified and<br>Acknowledged<br><i>/CYNTHIA B WILDER/<br/>Examiner's Signature</i> |   |   | INDIA               | 1                  | 10              | 4                     |

**ADDRESS**

BIRCH STEWART KOLASCH & BIRCH  
 PO BOX 747  
 FALLS CHURCH, VA 22040-0747  
 UNITED STATES

**TITLE**

Oligonucleotides for detection of leishmaniasis and methods thereof

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1230 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------|---|---|